

less repay the effort many times over through the increased conveniences and added facilities for proper medical care of private patients.—*J. Florida M. A.*

**Predicting Epidemics of Plague in the Punjab**—When plague is at its peak in the Punjab there is little recourse to anything besides vaccination to reduce the mortality. Vaccination being voluntary there is no demand for it except when there is an epidemic, and then the demand is proportionate to the gravity of the epidemic. The table below compares the monthly data relative to vaccinations for 1925 (year in which there was a moderate epidemic) with the corresponding figures for 1926 (year of severe epidemic). The figures in parentheses represent the monthly mortality.

Comparison of monthly vaccinations with monthly mortality (mortality figures in parentheses):

	Jan.	Feb.	Mar.	Apr.
1925 .....	43,729 (4,455)	51,480 (5,093)	70,281 (10,040)	60,961 (11,885)
1926 .....	33,558 (2,660)	61,943 (7,285)	99,117 (19,678)	222,999 (34,739)

As the mortality for April varies between 195,000 (1907) and 651 (1921), it is evident that the demand for antiplague vaccine fluctuates considerably. But antiplague vaccine as furnished by the Haffkine Institute requires four or five months for preparation and maturation, for the reaction caused by the inoculation of immature vaccine is severe enough to make it preferable not to use it at that stage.

Antiplague vaccine should be ordered at least four months in advance, or that needed during the epidemic period—March, April, and May—should be estimated in November of the preceding year. An estimate too low would be distressing, and one too high would be financially burdensome, for the vaccine costs \$4000 per 100,000 doses. From this point of view alone the prediction of epidemics of plague is of considerable practicable importance.—*Pub. Health Rep.*

**Report of the Committee on Insurance**—The committee appointed at the meeting of the council of the Massachusetts Medical Society held October 5, 1927, to consider malpractice insurance of Fellows of the society has the following report to make:

In 1921 a blanket insurance policy against suits for malpractice, as issued by the United States Fidelity and Guaranty Company, was endorsed by vote of the council. In 1923 this group policy was given up and the same company issued individual policies for members only of the Massachusetts Medical Society. During these six years the company has satisfactorily handled nearly three hundred claims, all but a few of which were settled out of court. Of those suits that went to trial all were so well conducted that only one was lost. From the standpoint of the Massachusetts Medical Society and the individual members thereof the service rendered has been most gratifying.

From the viewpoint of the United States Fidelity and Guaranty Company, however, the experience has not been so satisfactory. The number of suits against physicians for malpractice has increased annually by geometrical progression until conditions at present are little short of alarming. A careful tabulation of claims settled shows that the company cannot continue to issue policies at the present rate. The same tables show that certain specialists in medicine are more liable to suits than are general practitioners. In order to meet changing conditions the company proposes, therefore, to equalize the burden and to proportion the cost of liability insurance by doing away with flat rate policies and issuing in their stead policies of unequal premiums varying according to the risks attached to different specialties.—*Boston M. and S. J.*

## TWENTY-FIVE YEARS AGO \*

### EXCERPTS FROM OUR STATE MEDICAL JOURNAL

From Volume 1, No. 2, December, 1902

From an article on "Pharmaceutical Standardization":

... A United States Senator, some years ago, when approached on the subject, stated that the medical and pharmaceutical professions could obtain any legislation they really wanted, if they were sure that they wanted it and acted as a concerted whole. Lack of organization has heretofore prevented any action looking toward the remedy of the present evils. . . .

From an article on "Organization Progressing":

... It is within our own personal knowledge that, whereas the sale of liquors, or even such harmless stuff as beer with its 2 per cent of alcohol, is prohibited amongst the Indians, various "patent" medicines are freely sold—and some of them contain as much as 44 per cent of alcohol. The spirit of medical progress is toward prevention—prophylaxis; yet, as the laws now stand, nothing can be done to touch the majority of these traders in lives. A thoroughly organized medical profession could wield an enormous influence; it could see to it that such men were elected to office as would promptly take action in the matter and force the faker out of business. . . .

From an article on "An Obvious Duty Before Wedlock":

... Let both contracting parties to a marriage thoroughly understand their marital and sexual obligations, the one toward the other; and if their parents have not sense nor courage enough to enlighten them, then let the "good old family doctor" step in and tell them what they should know. . . .

From an article on "Affiliation of the County Societies":

... The few county medical societies in the state that have not as yet organized under or complied with the provisions of the State Society for affiliation should do so without delay. . . .

... Formerly any medical society that adopted the Code of Ethics of the American Medical Association was considered in affiliation with that body and could elect delegates to it; now the conditions are altered. Organization is the only path for the regular physicians of the country to tread, and there must be no faltering, no backward tendency, no hesitation, no dragging up of old fights and petty squabbles. . . .

From an editorial on "A California Doctor to be Governor":

A majority of the electors of this state have placed their interests in the hands of a gentleman than whom no man in the ranks of the medical profession has shown a greater regard for strict medical ethics. Doctor Pardee has been a member of the State Society for many years and has shown much interest in its meetings and its aim; he has been in close touch with its members and has the respect of all and the love of many. The position in which he will be placed as Governor of California will be, to say the least, somewhat trying. . . .

From an editorial on "The Bubonic Plague Situation":

There are two equally important points from which the residents of the Pacific Coast states view the

\* Through this "Twenty-Five Years Ago" column, it is hoped to familiarize colleagues who in more recent years have joined the California Medical Association, concerning the activities and work of our state association, and of members who were active in the period two decades and a half remote. For older colleagues who were members twenty-five years ago, it has been thought that the references may recall incidents and associations which may be of interest or pleasure to momentarily dwell upon. To know what our predecessors fought for and accomplished should make for increased loyalty to the traditions and objects of our organization.

plague question. One is purely commercial and the other largely professional. The contention of the business man is that public utterances regarding the presence of the disease should be discouraged and prevented, if possible. They reason according to the old saying, that the truth should not be told at all times. They see only possible danger to the trade of the Coast, and decline to look into the future or take a serious view of what might one day develop into a national calamity. . . .

. . . If there is danger of the plague spreading, it becomes the duty of medical men to warn the public and to do all in their power to stamp out the disease upon its first appearance, and not wait until it obtains a foothold and becomes too strong to cope with. . . .

From an article by E. L. Wemple, M. D., on "Report of a Case of Bubonic Plague":

. . . Doctor Wemple, Jr., made a smear that afternoon, and the picture was very much like that of the disease. This smear was shown to Dr. H. A. L. Ryfkogle, and it was his opinion that it contained *Bacillus pestis*, there being a diplococcus infection as well. He said the inoculation of a guinea-pig from the contents of a gland and its death from plague was all that was necessary to make a positive diagnosis of bubonic plague. This was subsequently done by Dr. M. J. White of the United States plague laboratory, and the diagnosis was bacteriologically confirmed. . . .

. . . I am indebted to Dr. Howard Morrow, city bacteriologist, for the following report of his investigations. . . .

From the minutes of the "California Academy of Medicine":

. . . The president, Doctor Montgomery, called attention of the members to the great importance of the paper under discussion. He stated that plague cases had been found in five hospitals in the city, and there was no doubt that eventually it would appear in every hospital in San Francisco. . . .

. . . Doctor Hunkin said he had discussed the relative advantages of excision and amputation with Doctor Sherman and they did not agree. He had recently amputated a leg and found the femur entirely disorganized. At the ankle joint, or just above, the bone was so soft that it could easily be crushed with the fingers.

Doctor Sherman said the bone may be very soft, but not necessarily diseased, and many patients recover when all the diseased bone has been removed. . . .

. . . Doctor Rixford presented a patient upon whom he had performed a bloody reposition of an old luxation at the elbow. . . .

From an article by D. D. Crowley, M. D., on "Suturing of Muscles and Tendons":

. . . In the suturing of divided tendons I have come to the conclusion that it is not proper to use a large needle in a tendon. Neither do I think it expedient to pierce the ends of such tendons with needles, though the tendon is more accurately approximated at its wounded ends. . . .

. . . It is easier to suture with silk than with catgut. . . .

From the discussion on Doctor Crowley's paper:

. . . Dr. K. Pischel of San Francisco: I would like to suggest a suture I have used in my eye work with satisfaction. This suture is very thin and very strong and absorbable. The only drawback is that it is too short—length five to six inches—and I have had no difficulty in getting them. It is the tendon of the rat's tail. The preparation is simple. . . .

. . . Dr. T. W. Huntington of San Francisco: I have found the grafting of tendons of great utility in cases of ten to fifteen years' standing. I have always

found the procedure to be of great utility and advisable, more so in these cases than in any other. . . .

From the December 9, 1902, meetings of the San Francisco County Medical Society:

. . . Doctor Spencer addressed the society as the retiring president. He said he desired to make a few comments, express a few hopes, and offer a few suggestions in the way of action for the future. . . .

. . . In conclusion, I would say that an effort should be made to have men of distinction in our profession from other sections come before us, read papers and join in our discussions. I do not mean to underestimate the abilities of our own members, but I think much good might be accomplished if we had members of other societies visit us from time to time. . . .

From the minutes of the thirteenth semi-annual meeting of the Southern California Medical Society, held at Pasadena:

. . . The meeting was called to order by President Dr. F. C. E. Mattison, who made an appropriate speech, after which an address of welcome was given by Dr. Norman Bridge, Pasadena. . . .

. . . The officers of the society are: Dr. F. C. E. Mattison, Pasadena, president; Dr. J. C. King, Banning, first vice-president; Dr. F. W. Thomas, Claremont, second vice-president; and Dr. F. D. Bullard, Los Angeles, secretary and treasurer. The committee on arrangements for this meeting was Dr. Stanley P. Black, Dr. James H. McBride, and Dr. Norman Bridge. . . .

From a press clipping on "Anti-Tuberculosis League":

. . . With the organization of the Southern California Anti-Tuberculosis League during the recent meeting of the Southern California Medical Association, a movement was formally inaugurated, the importance of which and the possibilities for good in southern California can hardly be overestimated. . . .

. . . This committee reported at the recent meeting in Pasadena, the result of which was the formal organization of the league, with Dr. F. M. Pottenger of Los Angeles as president. . . .

From the minutes of the thirty-second annual session of the Medical Society of the State of California, held at Golden Gate Hall, San Francisco, April 17, 1902:

. . . Whereas, The Mayor of the city of San Francisco has seen fit to remove the so-called "old" Board of Health; and

Whereas, The Chief Executive of the city has stated that he has determined, after prolonged personal investigation, that bubonic plague has never existed in San Francisco; and

Whereas, The position is absolutely unsupported by any competent, unprejudiced physician who has made personal examination of suspects or alleged cases of plague before or after death, or who has examined the bacteriologic evidence presented; and is further in direct conflict with the findings of the federal government experts and special commission; therefore be it

Resolved, That the Medical Society of the State of California emphatically condemns this action on the part of the Mayor of San Francisco, and at the same time endorses the position always maintained by the old Board of Health in its sanitary defense of the people of San Francisco and of the country at large. . . .

. . . The president-elect, F. B. Carpenter, was then escorted to the rostrum by Past President C. G. Kenyon and introduced to the assembly by the retiring president. After making a few felicitous remarks the minutes were ordered read, and were approved as read, and the society adjourned at 6:30 p. m.

GEORGE H. EVANS, *Secretary*.